

Response ID [REDACTED]

Submitted to Review of access to palliative care services - Organisations/Health professionals
Submitted on 2025-01-17 01:15:09

Consent

1 The Committee for Health would like your permission to publish your response as part of the survey results. Please indicate your preference.

Consent:

Publish my response but keep it anonymous.

Who are you?

2 What is your name?

Name:

[REDACTED]

3 What is your email address?

Email:

[REDACTED]

4 Are you a healthcare professional? If yes, what is your role? If no, what is your interest in palliative care services:

Yes

1500 Characters:

I'm a palliative care physician working in a hospice and hospital

5 What is your organisation?

Organisation:

Foyle Hospice

6 Do you currently work in palliative care services? If Yes, in what capacity?

Yes

1500 characters:

As a medical doctor.

current state of palliative care services

7 In your view what is the current state of palliative care services in Northern Ireland?

Poor

8 Do you think there is an understanding by the public of what palliative care is? If no, what are the main barriers to the public understanding palliative care?

No

1500 Characters:

- 1) Lack of a Palliative Care Strategy for Northern Ireland.
- 2) No public health messaging about palliative care, what it is and how to access it.
- 3) No implementation of regional advance care planning policy and Ceilings of Care Document.
- 4) Inequitable access to palliative care services across Northern Ireland with variations in services offered.

Access to services

9 Are palliative care services equally accessible to all who need them?

No

10 From your experience where are the gaps in the provision of service?

1500 characters:

- 1) Palliative care workforce provision- e.g. difficulties in recruiting palliative care consultants to the West.
- 2) Variations in service provision leading to an inequitable service and services dependant on where you live. Each hospice does not offer the same service based manly on funding.
- 3) Palliative Care services still rely heavily on Charitable Hospice Services which in turn rely for most of their funding from the public! Palliative Care should be made a core part of the health service that ids funded 100% by the health service.
- 4) There is generally no 24 hour/7 day per week palliative care service for patients. Weekends and bank-holidays tend to be just "skeleton services" or on-call services e.g. no face to face hospital palliative care service available in any of the hospitals in the Western Trust at weekends.

11 Do you believe barriers exist that prevent equitable access to these services?If yes, please provide examples in the box provided.

Yes

1500 characters:

- 1) Lack of a palliative care strategy that makes palliative care a core service and every individual's right to access. This means 100% funded by the government with equitable service provision across Northern Ireland . The service accessed by the public should be the same no matter where you live. e.g some hospices have AHPs and others do not, some have a day hospice and others do not.

12 What additional services could/should be provided?

1500 Characters:

- 1) I feel there needs to be a coherent, joined up regional approach with strong leadership.
- 2) Improvement in Palliative Care Work force.
- 3) 24 hour/7 days per week services.
- 4) Easier access to OOH medications and specialist palliative care assessment and advice.

Integration of Services

13 How well are palliative care services integrated across the health system, through primary, secondary and specialist care?

1500 characters:

Palliative Care services are integrated well within hospital as these services are seen as part of the hospital/trust team. Hospice services are seen as "outside" the NHS and cannot access important information systems that would improve overall efficiency, education and communication e.g. the Encompass system is being rolled out across Northern Ireland but there is no plan in place for hospices- how will hospices access the vital information needed in a timely way? This also leads to disjointed co-ordination of care and hampers service development.

14 Should palliative care be a regional service?Please outline your reasons in the box provided.

Yes

1500 characters:

One regional policy and strategy with clear and strong clinical leadership would lead to a more efficient, equitable and accessible service. Regional variations lead to confusion for patients.

15 What can be done to improve integration?

1500 characters:

As above.

We need a clear strategy with clear strong leadership that is able to make decisions and implement change. At present the Palliative Care in Partnership board although is unwieldy and tends to highlight the differences in service variation across the province without doing enough to bridge gaps, promote equitable service provision and roll out "best practice" regionally.

Best Practice

16 Do you have any examples of good practice or pilots in palliative care that are meeting the needs of patients and families/carers? If so, is this best practice happening widely across Northern Ireland?

1500 Characters:

Currently the Foyle Hospice has several projects:

- 1) One of our Home Care nurses and one of our home care doctors are piloting the use of HS21 prescription pads allowing patients access to vital medication in a more timely manner. This stops patients at a critical time in their life having to wait for medications to be provided and also reduces the burden on GPs who would normally prescribe these medicines. Feedback from patient and relatives has been extremely positive and data collection is

ongoing. If successful it could be replicated across Northern Ireland making better use of our non-medical prescribing work-force.

2) There is a 7 day Specialist Palliative Care nursing service being provided across the Western Trust area. This service has been running for the past 6 months using grant money and money from the Cancer Strategy Fund (i.e. non-recurrent funding). It has allowed patients to be cared for and supported at home at weekends who otherwise would have been admitted to hospital or hospice.

17 Do you think that families receive sufficient support when accessing services? Please outline your reasons in the box provided.

No

1500 Characters:

Services do their best to support families but due to lack of resources e.g. carer support, counselling etc it is sometimes sub-optimal.

Funding and Strategy

18 Do you think the current funding for palliative care is sufficient? Please outline your reasons in the box provided.

Yes

1500 characters:

Specialist palliative care relies heavily on Charitable Hospice funding when it should really be funded fully by the Health Service as a core patient right. The inequity in funding has led to inequitable service provision. Across the border in the Rep of Ireland it has been agreed that hospices will receive 100% Government funding-this begs the question-Why are hospices in Northern Ireland being treated differently?

19 Is the current model for the funding of hospices, including hospice at home/community care/rapid response support, sustainable and sufficient to meet needs now and in the future? Please outline your reasons in the box provided.

No

1500 characters:

- 1) The current model needs to be replaced by multi-year funding so services can feel secure and can be progressed and developed.
- 2) Hospices should be 100% funded for their core palliative care services as palliative care should be every patient's right as opposed to reliance on charitable funding that has led to inequitable service provision .

20 Is there a need for a new Palliative Care Strategy for Northern Ireland? If yes, what should it include? If no, why not? Please outline your reasons in the box provided

Yes

1500 characters:

- 1) Work force planning
- 2) Regional in implementation.
- 3) Strong clinical leadership and co-ordination.
- 4) Backed by adequate funding.
- 5) Plan for the future.
- 6) A strong public health message about palliative care and advance care planning.
- 7) Dissemination of best practice.

Any other comments

21 Any other comments

1500 characters:

I believe there is a brilliant and highly-skilled palliative care work force. I feel its been let down and "allowed to drift" by lack of a clear strategy and plan that would provide a vision with adequate funding for the future. Hopefully this will be the beginning of a reset that will allow palliative care services to be treated and valued as much and equal to as other parts of the health service